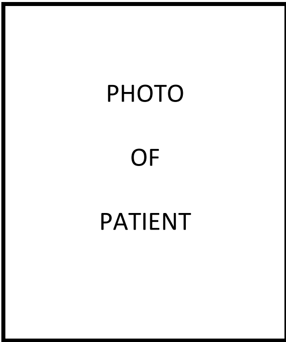

Annexure-1: APPLICATION FORM

[Fill the form in BLOCK LETTERS ONLY]

1.	**Name of the Patient**	First	Last
2.	**Age**		**Gender** ☐Male ☐Female
3.	**Name of Father/Mother/ Spouse/Legal Guardian**	First	Last
4.	**Tribe**		*** ST certificate attached:** ☐Yes ☐No
5.	**Residential Address of Patient**		*** Residential proof document attached:** ☐Yes ☐No
6.	**Contact number (s)**	(1)	(2)
7.	**Annual Family Income** from all sources	Rs.____________________ In words:	*** Income Certificate attached:**☐Yes ☐No
8.	**Medical Aid required**	Rs.____________________ In words:	*** Estimated Cost Certificate (Original) issued by the hospital attached:**☐Yes ☐No
9.	**Whether the applicant has taken medical financial assistance/aid from any other source(s):**☐Yes ☐No		If yes, attach details.

Nature of disease

The following details are to be filled up by the attending oncologist or doctor in charge of the patient:

10.	**Cancer Site**		*** Biopsy report attached** ☐Yes ☐No

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11.	**Cancer Stage**		*** Imaging report attached**☐Yes ☐No
12.	**Treatment Plan**		
13.	**Date of Surgery or Chemotherapy or Radiotherapy**		
	Details of Hospital from where treatment is sought		
14.	**Name of hospital**		
15.	**Address of the hospital**		
16.	**Name of the MS**	**First**	**Last**
17.	**Contact number (s)**	(1)	(2)
18.	**Email address**		
	Details of doctor in charge / oncologist		
19.	**Name of the doctor**	First	Last
20.	**Registration no.**		
21.	**Designation**		
22.	**Qualification**		
23.	**Contact number (s)**	(1)	(2)
24.	**Email address**		
	Account details of the hospital		
25.	Name	Bank Name	IFS code
	Account number	Branch	

It is certified that the information furnished above is true to the best of my knowledge andbelief and nothing has been concealed.

Signature of the Patient

If not self, then tick relation to patient:

☐spouse☐parent☐Guardian(in case of Minor)

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